



Household Information Form

Address: _____ Phone _____

Last name(s) of persons at this address: _____ Date: _____

Work and School Information:

Adult Name:	Work Phone:
Employer's name:	Work hours:
Adult Name:	Work Phone:
Employer's name:	Work Hours:

Children's names and schools:

Name	Age	School

School(s) policy for release of children after a disaster: _____

We have made arrangements for (Name & Phone #) _____
 _____ to pick up our children if we are unable to do so.

Medical and Allergy Information:

Please list important medical information for your family. Include their name, medications they are taking, allergies or special needs they have.

Name	Allergy	Medication	Special need

In case of emergency, please contact:

Name	Relationship	Phone

Pets:

Name	Type (dog, cat, snake, etc.)

- In the event a member of my family is missing and presumed trapped in our home, I give permission for someone to enter my home and search for them.
- In the event no one is home, I give permission for the water, gas, and/or electricity to be shut off if it is necessary for the safety of my home and my neighborhood.

Signature: _____ Date: _____

This information is owned by the neighborhood and it to be kept strictly confidential and used only during times of disaster.